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PTO/SB/21 (08-03) Approved for use through 07/31/2006, OMB 0651-0031

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				Application Number		10/7	719,763	
TRANSMITTAL			Filing Date		11/20/2003			
	FORM			First Named Inventor		Ror	L. Hale	
(to be used for	r all correspondence a	fter initial filing)		Art Unit		161	5	
				Examiner Name				
Total Number of F	Pages in This Submiss	ion 4		Attorney Docket Nur	mber	000	64.01R	
	_	EN	CLOS	URES (check all tha	at apply)		-	
Fee Transmitt	tal Form	o	rawing(	s)			After Allowance communication to Group	
Fee A	ttached	l l	censing	g-related Papers			Appeal Communication to Board of Appeals and Interferences	
Amendment	/ Reply	P	etition				Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
After	r Final			o Convert a nal Application			Proprietary Information	
Affid	avits/declaration(s)		Power of Attorney, Revocation Change of Correspondence				Status Letter	
Extension of	Т Т	Terminal Disclaimer			X	Other Enclosure(s) (please identify below):		
Express Abar	R	Request for Refund				Request for Withdrawal as     Attorney or Agent (in triplicate)-3     pages		
Information D		D, Nur	nber of CD(s)	-		2. Return Receipt Postcard		
Certified Cop Document(s)	•	Remarks	1					
Response to Incomplete A	Missing Parts/ Application			_1				
	ponse to Missing Parts er 37 CFR 1.52 or 1.53							
unde	51 57 61 10 1.52 61 1.55							
	SIGNAT	URE OF API	PLICA	NT, ATTORNEY, OR	AGENT	•		
Firm or	Elaine C. Stracker	- 43,166						
Individual name				)				
Signature	Signature Signature							
Date DEC. 1 3 2004								
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the								
Typed or printed nar	me Elaine C. St	racker	<del></del>	<u> </u>				
Signature	Flame C. St		50	lasta	Date	Т	DEC. 1 3 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

withdraw is normally disapproved.

Application Number	10/719,763	•
Filing Date	11/20/2003	
First Named Inventor	Ron L. Hale	
Art Unit	1615	
Examiner Name		
Attorney Docket Number	00064.01R	_

To: Commissioner for P.O. Box 1450 Alexandria, VA 223							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this requ	est are:						
This request is being made for a Assignee is currently handling	the reason that the Assignee no longer retains their own patent prosecution.	the attor	ney of reco	ord as an emplo	oyee. The		
	CORRESPONDENCE ADDRE	SS					
1. The corresponden	ce address is NOT affected by this with	ndrawal.					
2. X Change the corres	pondence address and direct all future	corresp	ondence	to:			
Customer Number							
OR							
Firm or Individual Name	IP Department (Alexza MDC)	****	ole 11				
Address	1001 East Meadow Circle						
Address							
City	Palo Alto	State	CA	ZIP	94303		
Country			, , , , , , , , , , , , , , , , , , , ,				
Telephone		Fax					
		ttached p	aper(s), o	or ]			
	plicate (including any attachments).						
Name Elaine	C. Stracker	<u> </u>	47 61 1	43.177			
Signature	A faces						
Date OEC. 1 3 2004							
NOTE: Withdrawal is effective	when approved rather than when received a expiration date of a time period for response	i. Unless ase or po:	there are ssible exte	eat least 30 da ension period	lys between the request to		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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## **REQUEST FOR WITHDRAWAL** AS ATTORNEY OR AGENT

Appl	ication Number	10/719,763	
Filin	g Date	11/20/2003	
First	Named Inventor	Ron L. Hale	
Art L	Init	1615	
Exar	niner Name		
Attor	ney Docket Number	00064.01R	

To: Commissioner for P.O. Box 1450 Alexandria, VA 223							
I hereby apply to withdraw as attorney or agent for the above identified patent application.							
The reasons for this requ	est are:						
This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.							
			********				
	CORRESPONDENCE ADDRE	SS	<u></u>				
1. The corresponden	ce address is NOT affected by this with	drawal.					
2. A Change the corres	pondence address and direct all future	correspo	ondence to:				
Customer Number							
OR							
Firm or Individual Name	IP Department (Alexza MDC)						
Address	1001 East Meadow Circle	<u> </u>					
Address							
City	Palo Alto	State	CA	ZIP	94303		
Country							
Telephone		Fax					
This request is made on	behalf of myself and	<del></del>					
all the attorneys/agents of record,							
the attorneys/agents (with registration numbers) listed on the attached paper(s), or							
the attorneys/agents	associated with Customer Number						
This request is enclosed in tri	plicate (including any attachments).						
Name Elaine	5 Stracker				<u>.</u>		
Signature	un Strake	Registra	tion No.   43	,166			
Date DEC.	1 3 2004						
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is pormally disapproved.							

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This request is being made for Assignee is currently handling	the reason that the Assignee no longer retains their own patent prosecution.	the attor	ney of rec	ord as an e	emplo	yee. The	
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1. The corresponden	ce address is NOT affected by this with						
. <del>_</del>	spondence address and direct all future		ondence	to:			
Customer Number							
OR							
Firm <i>or</i> Individual Name	IP Department (Alexza MDC)						
Address	1001 East Meadow Circle						
Address						_	
City	Palo Alto	State	CA	z	ZIP	94303	
Country					-		
Telephone		Fax					
This request is made or all the attorneys/age	ents of record,	Haabad a	anas(a) s				
	s (with registration numbers) listed on the a	ttacneo p	aper(s), c	) 			
	plicate (including any attachments).			<u> </u>			
	C. Stracker						
Signature Vac	in Succession	Registra	tion No.	43,166			
Date DEC.	1 3 2004						
NOTE: Withdrawal is effective approval of withdrawal and the	when approved rather than when received e expiration date of a time period for respon	l. Unless ise or pos	there are ssible ext	e at least 3 ension pei	30 da riod,	ys between the request to	

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